

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Governor's Office Division, Department, or Region (if applicable) Street Address State Capitol Area Code/Phone Number (916) 445-0873 E-mail Agency Contact (name and title) Dan Maguire, Deputy Legal Affairs Secretary		Date Stamp California 801 Form For Official Use Only
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ ☒ Other American Chamber of Commerce, Germany
 Last Name First Name Name
 Charlottenstr. 42 Berlin, Germany 10117
 Address City State Zip Code

The American Chamber of Commerce in Germany promotes trade and investment between the U.S. and Germany
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 03/03/09 \$ 1,785
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Hannover, Germany

02/28 - 03/03 2009	\$ 0	\$ 1,785	\$ 0	\$ 0	\$ 1,785
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:


The American Chamber of Commerce, Germany paid the lodging for staff members who were working with the Governor during his recent trip to Germany.

Identify the officials for whom the payment was used:

See Exh. A	See Exh. A	See Exh. A	
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Will Fox	Deputy Chief of Staff	4/2/09
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)

Exh. A

Name	Title	Department	Date(s)	Lodging Amount
Will Rollins	Asst. Press Sec.	Governor's Office	02/28 - 3/03/2009	\$595
Peter Grigsby	Multimedia Specialist	Governor's Office	02/28 - 3/03/2009	\$595
Kristin Pulone	Dep. Dir. Advance	Governor's Office	02/28 - 3/03/2009	\$595
Total				\$1,785